

APR. 18. 2005 2:23PM

7635146982 MEDTRONIC; TRANSMITTAL

NO. 5300 P. 3

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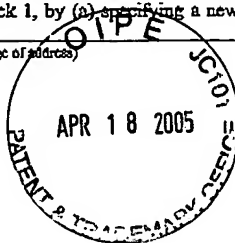
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27581 7590 03/29/2005

MEDTRONIC, INC.
710 MEDTRONIC PARKWAY NE
MS-LC340
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Sue McCoy

(Depositor's name)

(Signature)

(Date)

04/19/2005 WABDEL3 00000042 132546 10695715

01 FC:1501 1400.00 DA
02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/695,715	10/29/2003	Mark T. Marshall	P-20009.00	5591

TITLE OF INVENTION: IMPLANTABLE DEVICE FEEDTHROUGH ASSEMBLY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	06/29/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
ESTRADA, ANGEL R	2831	174-050590

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Girma Wolde-Michael

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic, Inc.

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Minneapolis, Minnesota

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2546 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

04/13/05

Typed or printed name

Girma Wolde-Michael

Registration No.

36,724

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P-20009.00

To: Office of Publications**Company: U.S. Patent and Trademark Office****Phone:****Fax: 703 746 4000****From: Girma Wolde-Michael****Company:  Medtronic****Phone: 763 514 6402****Fax: 763 514 6982****Date: April 18, 2005****Pages including this
cover page: 4**

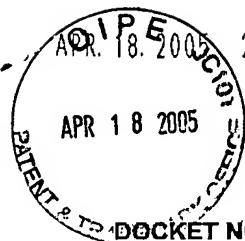
Comments: RE: P-20009.00
Serial No. 10/695,715
Applicants: Mark T. Marshall et al.
Filed: October 29, 2003
Title: Implantable Device Feedthrough Assembly

Attached please find the following documents:

- X Issue Fee Transmittal**
- X Part B-Fee(s) Transmittal**
- X Fee Addressee For Receipt of PTO Notices
Relating to Maintenance Fees**

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7635146982 MEDTRONIC

NO. 5300 P. 2

DOCKET NO: P-20009.00

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FEE TRANSMITTAL

In re Application of: Mark T. Marshall et al.
For: Implantable Device Feedthrough Assembly
Serial No.: 10/695,715
Filed: October 29, 2003

CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this FEE TRANSMITTAL and the paper(s), as described herein, are being sent via facsimile No. (703) 748-4000 to the Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 18th day of April, 2005.

Signature

Sue McCoy
Printed Name

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

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- X Fee Transmittal
- X PTOL FORM 85B
- X Fee Addressee For Receipt Of PTO Notices Relating To Maintenance Fee

- X Please charge Deposit Account 13-2546 \$1,400.00 Issue Fee and \$300.00 publication fee for a Total of \$1,700.00.

- X Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefore to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time and charge same to Deposit Account 13-2546.

Date

04/18/05

Girma Wolde-Michael

Reg. No. 36,724
Telephone: (763) 514-8402
No. 27581